

## Little Lakers Child Care Center Application

Child's First a	nd Last Name:				
Date of Birth:					
Primary Conta	act's Name:				
Phone Numbe	r:				
Email:					
	D	Days & Hours E	Expected to Atten	d	
	Monday	Tuesday	Wednesday	Thursday	Friday
drop off					
pick up					
Requested sta	rt date:				
How did you h	ear about us?				